





Sun Life Assurance  
Company of Canada  
SC3225  
One Sun Life Executive Park  
Wellesley Hills, MA 02481-5699  
1-800-247-6875

December 3, 2002

Ms. Linda Mussey  
20 Bond Street  
P.O. Box 6136  
Franklin, NH 03235

RE: Name of Insured: Edward Mussey  
Social Security Number: 002-32-0644  
Group Policy Number: 27578 - Group Life Insurance Benefit

Dear Ms. Mussey:

As you know, we previously paid the basic benefits due on the Group Life Insurance claim referenced above. At this time, we have completed our review of the accompanying claim for Accidental Death Benefits. We regret to inform you that we have determined that Accidental Death Benefits are not payable under the terms of the Group Policy referenced above.

We have reviewed the documentation that was sent to us from Christopher J. Seufert, Esquire, and find it necessary to make a determination based on this information. According to the information provided, Mr. Mussey's cause of death is listed as "Undetermined" and the file contains no proof that Mr. Mussey died due to accidental means. The benefit for Accidental Death & Dismemberment is payable when adequate proof has been provided that shows that the Accidental Death was caused solely by external, violent and accidental means.

**The Applicable Policy Provision states:**

**"Definitions**

**Accidental Bodily Injury** means bodily harm caused solely by external, violent and accidental means which is sustained directly and independently of all other causes."

If you disagree with our decision, you may request in writing a review of this denial within 180 days after receiving this notice of denial.

You may submit an appeal in the form of written comments, documents, records or other information relating to your claim for benefits, and may request free of charge copies of all documents, records, and other information relevant to your claim for benefits.

We will review your claim on receipt of the written request for review, and will notify you of our decision within a reasonable period of time but not later than 45 days after the request has been received. If an

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extension of time is required to process the claim, we will notify you in writing of the special circumstances requiring the extension and the date by which we expect to make a determination on review. The extension cannot exceed a period of 45 days from the end of the initial review period.

If a period of time is extended because you failed to provide information necessary to decide the claim, the period for making the benefit determination on review is tolled from the date we send notice of the extension to you until the date on which you respond to the request for additional information. You will have 60 days to provide the specified information.

You have the right to bring a civil action under the Employee Retirement Income Security Act of 1974 (ERISA) §502(a) following an adverse determination on review.

We will, of course, be available to you to discuss the position we have taken. Should you, however, wish to take this matter up with the New Hampshire Insurance Department, it maintains a service division to investigate complaints at the following address:

New Hampshire Insurance Department  
169 Manchester Street  
Concord NH 03301  
Telephone: 1-800-852-2416

Should you have any questions, please call us at (800) 247-6875.

Sincerely,



Debbie J. Aitchison  
Associate Claims Administrator  
Group Life Department  
SC3225

cc: Ms. Elaine M. Prokop, Benefits Administrator  
Watts Industries, Inc.

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*Christoph*

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